

License Certification and/or Registration Acknowledgement Form

(The proponent agency is the Army Reserve Clinical Credentialing Affairs, AMEDD Professional Management Command)

Privacy Act Advisory Statement

AUTHORITY: Title 10, U.S. Code, Sections 3012 and 3013.

PRINCIPAL PURPOSE: To obtain and maintain information concerning the credentials of medical and allied personnel required by law to possess a current license to practice.

ROUTINE USES: To permit authorized US Army Reserve medical credential overseers to ascertain the current license status and obtain related data concerning personnel required to maintain a current license.

EFFECT OF WITHHOLDING CONSENT: Disclosure is voluntary; possession of a current license to practice is mandated by law, and the current licensing status of specific

S: _____

1. Reference: AR 40-68, Clinical Quality Management, 26 Feb 04.

2. Health care providers requiring licensure will maintain a current license IAW AR 40-68, Chapter 4, Section 4-3b.: *"The license, certification, and/or registration will be current (not revoked, suspended, or lapsed); active (characterized by present activity, participation, practice, or use); valid (the issuing authority accepts and considers professional performance and conduct in determining continued licensure); and unrestricted (not subject to restriction pertaining to the scope, location, or type of practice ordinarily granted to all other applicants for similar licensure in the granting jurisdiction)."*

3. IAW AR 40-68, Chapter 4, Section 4-3e, health care providers will notify their chain of command of any change in status of their licensure: *"Licensed, certified, and/or registered health care personnel (privileged/nonprivileged) must immediately notify their supervisor, and the appropriate MTF office responsible for authentication of practice credentials, that their license no longer meets the requirements noted in paragraph b above. Notification will likewise be provided when an authorizing agency has imposed a restriction on their license, certification, and/or registration. Failure of an individual to obtain or maintain the appropriate current, active, valid, and unrestricted credentials (license, certification, registration) required by this regulation is the basis for immediate suspension of privileges/practice and/or other adverse personnel action as referenced in paragraph 4-10. Such personnel will be reported to the Commander, USAMEDCOM, ATTN: MCHO-CL-O, 2050 Worth Road, Fort Sam Houston, TX. 78234-6010."*

4. The Army Reserve Surgeon directs you to read the "SUMMARY of CHANGE" to AR 40-68 as well as Chapter 4. The following are instructions on how to access AR 40-68 online:

- (a) Go to website: **www.usapa.army.mil.**
- (b) Click on Official Publications.
- (c) From the drop down menu select **ARMY ADMINISTRATIVE PUBLICATIONS.**
- (d) From the selection on the right choose **SEARCH BY PUB NUMBER.**
- (e) Type in: **AR 40-68.**
- (f) Select either **XML or PDF.**

5. You are directed to sign and date the bottom of this form; and return the signed/dated document to the Army Reserve Clinical Credentialing Affairs (ARCCA) office **NO LATER THAN 30 DAYS FROM RECEIPT OF THE DOCUMENT.** Mail to: AMEDD Professional Management Command, ATTN: AFRC-RMC-GMD-A, 1401 Deshler Street SW, Fort McPherson, GA 30330-2000. **Failure to respond subjects you to action under Article 90, UCMJ.**

I verify and acknowledge that I have read Chapter 4 (especially 4-3 b. and e., 4-5, 4-6, and 4-10) and the SUMMARY OF CHANGE to AR 40-68 "Clinical Quality Management" (26 Feb 04) or any later versions; and, understand the credentialing requirements as identified in AR 40-68. Furthermore, I will immediately notify my supervisor, my Commander, and the ARCCA office of any change in my license or certification status.

6. Name: _____ 7. SSN: _____ 8. Rank: _____

9. Signature: _____ 10. Date: _____

Instructions for Completing USAR Form 144-R (TEST)

Item 1 - Item 4 - No entry required.

Item 5 - Return to ARCCA Address: AMEDD Professional Management Command
ATTN: AFRC-RMC-GMD-A
1401 Deshler Street SW
Fort McPherson, GA 30330-2000

Item 6 - Name. Enter your last name, first name, and middle initial.

Item 7 - SSN. Enter your social security number.

Item 8 - Rank. Enter your current military rank.

Item 9 - Signature. Sign your full name.

Item 10 - Date. Enter date that you signed your name.